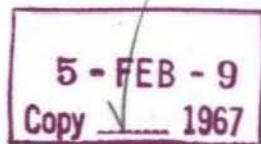


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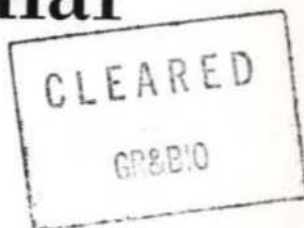
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SIXTH YEAR — No. 69

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International Review of the Red Cross



Inter arma caritas

1966

GENEVA

INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863

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- PAUL RUEGGGER, former Swiss Minister to Italy and the United Kingdom, Member of the Permanent Court of Arbitration (1948)
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INTERNATIONAL REVIEW OF THE RED CROSS

SIXTH YEAR — No. 69

DECEMBER 1966

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FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

J. Pictet : Los Principios del Derecho Internacional Humanitario (II). — Memorandum : Puesta en práctica y difusión de los Convenios de Ginebra de 1949. — Se reconoce a la Cruz Roja de Kenia (464^e Circular).

GERMAN

J. Pictet : Die Grundsätze des humanitären Völkerrechts (III). — Memorandum : Einhaltung und Verbreitung der Genfer Abkommen. — Anerkennung des Roten Kreuzes von Kenia (464. Rundschreiben).

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responsibility for material over its own signature.

THE RED CROSS AND REFUGEES

The International Review has on a number of occasions published articles and news items on Red Cross action in favour of refugees, stateless and displaced persons.¹ In July 1965 it brought to our readers a large part of an important study on legal assistance to refugees and the activities of the International Centre for Co-ordination of Legal Assistance, in Geneva.

We therefore thank the Association for the Study of the World Refugee Problem, which has kindly given us permission to reproduce a paper by Mr. H. Coursier, a former adviser in the ICRC's legal department. This paper was presented to the Association's General Meeting last September, at which the ICRC was represented. (ED.)

The refugee problem has been of concern to the Red Cross from the very outset of the great population movements which, since the First World War, have been caused by the political and social upheavals which have shaken the world.

In 1921, the President of the International Committee of the Red Cross, Gustave Ador, had called the attention of the League of Nations to the advisability of appointing a Commissioner for refugees. "It is not so much a humanitarian mission which calls for the generosity of the League of Nations," he wrote, "as a duty in international justice; some eight hundred thousand Russian refugees throughout the whole of Europe are bereft of legal pro-

¹ Cf. May 1950, the article entitled *Le CICR et le problème des réfugiés* by M^{me} E. de Ribeaupierre and May 1961, *L'aide aux réfugiés — le rôle de la Croix-Rouge internationale* by Mr. H. Coursier.

THE RED CROSS AND REFUGEES

tection and representation." He went on: "Every organization already working on their behalf would be glad to undertake fresh efforts under the direction of a Commissioner appointed by the League of Nations, the only supra-national political authority capable of solving a problem which goes beyond the scope of solely humanitarian organizations."

As a result of this appeal, Fridtjof Nansen was appointed High Commissioner for Refugees.

Nansen's name has become the symbol of relief work for the benefit of refugees both between the two world wars and since 1940 when this work became extensive following the outbreak of the Second World War.

The aim of this paper is to show that since that time Red Cross activity has increased, keeping pace with events. The rôle of the Red Cross has always been to keep international humanitarian obligations to the fore and to participate, in agreement with the United Nations, the successor of the League of Nations, in the activities of these two organizations for the benefit of refugees. It will even be seen that the Red Cross has been able, in difficult cases, to make good certain deficiencies in this assistance.

At the end of the Second World War, aid to refugees was incumbent on the United Nations Relief and Rehabilitation Administration (UNRRA) which was shortly afterwards replaced by the International Refugee Organization (IRO). From 1947 to 1952, this body assisted over one and a half million people; either by resettling them—as it did for the majority—or by repatriating them. The importance of this activity was unquestionable, but the IRO's statutes did not extend to many of the victims of the war and its consequences.

To a certain extent, an organization founded in Italy at the end of the war by an international lawyer, Mr. Aghababian, who was also a philanthropist, came to the help of these victims. This organization, under the name of "Assistance juridique aux étrangers" (AGIUS), with support from the Italian Red Cross, contributed to the assistance of persons who could not turn to the IRO. Subsequently, under the auspices of the ICRC, Mr. Aghababian set up in Geneva the International Centre for Co-ordination

of Legal Assistance which, whilst autonomous, is now closely associated with the International Council of Voluntary Agencies.¹

The negotiations leading to the 1949 Geneva Conventions gave the International Committee of the Red Cross an opportunity to insist on "the proclamation of a principle of international justice applicable to all refugees without any discrimination". In 1948, the International Conference of the Red Cross in Stockholm approved a proposal for inclusion into the Geneva Convention relative to the protection of civilian persons in time of war, a clause reading as follows: "The High Contracting Parties shall make every effort, as from the close of hostilities or of the occupation, to facilitate the return to their domicile, or the settlement in a new residence, of all persons who, through the events of war or occupation, are unable to lead a normal existence at the place where they find themselves". This embodied a principle of a genuine "law for the refugee". Unfortunately, in spite of efforts by a number of internationally reputed legal experts, such as Mr. Castren, who was a member of the Finnish delegation, the Conference restricted the benefit of this clause to "internees" during hostilities, which severely limited its scope.

However, some time later when the United Nations was considering putting an end to the IRO's mandate, the International Committee took the matter up again and in a message to all members of the United Nations Organization on May 1, 1950, stressed "the necessity for a permanent international organization—but one which was both impartial and independent—to ensure protection for all refugees and stateless persons without discrimination".

The appointment of a U.N. High Commissioner, who assumed his functions on January 1, 1951, was manifestly intended to continue Nansen's work under the influence of the humanitarian principles set forth by the ICRC. However, once again, the limitations laid down in the High Commissioner's statutes frustrated the full solution of the refugee problem.

When the International Convention on Refugees was drawn up in Geneva in 1951, the International Committee of the Red Cross

¹ See *International Review*, July 1965.

reiterated its opinion in the following statement by its President, Mr. Paul Ruegger, who was invited by the Chairman of the Conference to take part in the general discussion:

“ Considering the refugee problem from its own strictly humanitarian point of view, the ICRC is of the opinion that the following ideas must be borne in mind:

Every person forced by serious events to seek refuge outside his own country is entitled to asylum.

If that person cannot lead a normal life where he is, he is also entitled to assistance from the authorities of the country.

In so far as the expense arising therefrom exceeds the resources of the public authority concerned, the international community has a joint responsibility in the name of human fellowship.

This joint responsibility is discharged through the competent political bodies.

Humanitarian institutions were founded to give support to the action of the authorities to the extent their resources allow ”.

The second paragraph of this quotation includes a new idea covering the right of asylum. Needless to say this statement called for reservations of the same order as those contained in the second paragraph of article 14 of the Universal Declaration of Human Rights, in order that the benefit of these provisions could not extend to criminals recognized as such by the law of nations. In addition, the scope of the principles thus proclaimed opened an unlimited field for the application of assistance, in view of the extent of the refugee problem.

That is why the refugee statute went beyond the limits restricting the High Commissioner's terms of reference which only gave him authority to protect international refugees (to the exclusion of millions of national refugees) and to negotiate on their behalf with the governments of countries of asylum. It restricted the number of protected refugees by stipulating that it applied solely to persons recognized as refugees under earlier international conventions (holders of Nansen passports or “ admissible ” under the terms of the IRO statute) and any other persons who “ due to events prior to January 1, 1951 ” might with justification “ fear persecution due to their race, religion, nationality, political opinions or membership of a particular social group ” and who, as a result of this fear, could

not or would not "claim protection from countries of which they were nationals".

Although this international protection was available to over one million four hundred thousand people, experience soon showed the necessity of extending the High Commissioner's scope to enable him to take care of new refugees and to meet the needs of a humanitarian work to satisfy the demands of civilization.

Apart from the funds available for assistance programmes designed to resettle persons qualifying for protection by the High Commissioner, his terms of reference were made more extensive to enable him to lend his good offices to provide for other categories of refugees not covered by his statutes.

In 1963, during the Red Cross Centenary, the High Commissioner published a study entitled "The Red Cross and Refugees" recalling the main relief actions undertaken by the Red Cross for the benefit of refugees. This article paid tribute to the ICRC and the League for having assumed the feeding of nine hundred thousand Palestine refugees in 1948-1949 and two hundred thousand Hungarian refugees in 1956. In both cases the League and the ICRC acted on the basis of agreements negotiated with the United Nations Organization; they distributed not only relief supplies provided by the Red Cross world, but also those which the international community had considered it reasonable to provide in conformity with the human fellowship advocated by the Red Cross.

This article also gave an account of what was done, mainly by the League in co-operation with the ICRC, from May 1957 to July 1962 for the benefit of Algerian refugees in Morocco and Tunisia, with co-operation from the Tunisian and the Moroccan Red Crescent Societies. Over two hundred thousand persons received assistance at that time until, at the end of the war, they were able to be repatriated with assistance from the Red Cross.

In the meantime, the International Committee of the Red Cross was continuing its action in favour of the "Volksdeutsche" and for the regrouping of families dispersed by the war. Thanks to the agreements negotiated by the International Committee with the German (Federal Republic), Yugoslav, Rumanian, Polish and Czechoslovak Red Cross Societies, more than three hundred and

eighty thousand people were united with their families by the end of 1960.

In addition, the issuing of travel documents to refugees before and after the London Agreement of October 15, 1946 (pursuant to which sixteen powers had undertaken to issue documents to refugees who had no identity papers) enabled the ICRC to hasten the resettlement of more than one hundred thousand people. These travel documents issued by the ICRC, known as "titres 10.100 bis" filled a legal gap which had been detrimental to refugees for several years prior to the ratification of the London Agreement by a sufficient number of powers.

Similarly in the case of the Suez conflict in 1956-1957, the International Committee of the Red Cross was the only organization able to help some fifteen thousand persons who had been obliged to leave Egypt; it was the Geneva Committee which enabled these people to seek countries of asylum and ensured that the conditions under which they travelled were humane.

Since 1960, the action of the League of Red Cross Societies has been mainly concentrated in Central Africa where it continued the close co-operation which it began years before with the United Nations High Commissioner for Refugees. This was especially the case when some hundred and fifty thousand fugitives from Ruanda sought refuge in Uganda, Burundi and the Kivu province of the Congo.

The activity carried out by the International Committee of the Red Cross for the benefit of refugees was generally in countries where armed conflict took place: Laos, Congo and Cyprus. Mention should also be made of its intervention in connection with Koreans repatriated by the Japanese Red Cross from Japan and also its work for Tibetan refugees and displaced persons in India and Pakistan,

In Laos in 1962, and in co-operation with the Laotian Red Cross, the ICRC helped seven hundred and fifty homeless families and more than twelve thousand refugees, providing them with foodstuffs, medical supplies, clothing and other necessities. Help in this action was given by the Red Cross Societies of Australia, Austria, Belgium, Burma, Canada, France, India, Japan, Liechtenstein, Luxemburg, the Netherlands, New Zealand, Norway,

Pakistan, Philippines, Poland, Switzerland, Thailand, the United Kingdom, and the USA, as well as by the Oxford Committee for Famine Relief. In 1964, renewed outbreaks of fighting gave rise to further refugee movements involving twenty-three thousand people who were helped by the Laotian Government, with assistance from the ICRC, the United Nations and several National Red Cross Societies in response to an appeal by the League.

In 1962, in the Congo, at the request of the United Nations, the ICRC delegate participated in the work of the Commission set up for the repatriation and resettlement in Kasai of some twenty-five thousand Baluba refugees in the Elisabethville region. On that occasion, U Thant, the United Nations Secretary-General, wrote to the President of the ICRC: "The presence of an ICRC representative is extremely important for the accomplishment of the very delicate mandate in the Congo with which the United Nations Organization has been entrusted".

In 1964, when the United Nations was not able to act at Stanleyville, the headquarters of the rebel forces opposing the Congolese Central Government in Leopoldville, the ICRC carried out a humanitarian mission by conveying some eight hundred family messages, although it was not able to evacuate any Europeans as it had previously done from Albertville.

In Cyprus, from 1964 onwards, the ICRC mission applied itself to the task of arranging the release of hostages and to seeking missing persons. Thanks to its efforts in isolated villages it was successful in tracing and negotiating the release of several dozens of Turkish Cypriots. In response to an appeal by the ICRC delegate, the Head of the State, Mgr. Makarios, stated his disapproval of the taking of hostages and that he would take measures to prevent such activity. With regard to relief, the ICRC received from nineteen National Red Cross Societies as well as from the Government of the United States, donations which, in addition to its own resources, enabled it to assist displaced persons. Most of the beneficiaries were Greek or Turkish orphan children.

At the request of the Japanese Red Cross, the special ICRC mission in Tokyo and the port of Niigata has continued to carry out its task of ensuring that Koreans being repatriated to the north of their own country were not under any compulsion. In November

1964, the hundred and eighteenth sailing brought the number of people repatriated to over eighty thousand.

In December 1962, the ICRC delegation in Kathmandu, entrusted with giving assistance to Tibetan refugees in Nepal, received the first consignment of foodstuffs provided by the Government of the United States of America and the Catholic Relief Mission in India. These supplies were forwarded to the Dhor Patan agricultural colony by the ICRC's Pilatus-Porter aircraft. Other donations from the Nepal International Tibetan Refugee Relief Committee and from the Swedish Red Cross enabled the ICRC to distribute milk to Tibetan schoolchildren. This ICRC action for the benefit of Tibetan refugees continued until April 1963.

In December 1963, following the Indo-Pakistani conflict, the ICRC delegate general for Asia visited camps sheltering some fifteen thousand Indian refugees in Assam. The donations received by the Indian Red Cross from various National Societies following the joint appeal from the League and the ICRC contributed to maintaining these refugees.

In 1965, ICRC delegates were asked by the authorities of South Vietnam to visit several reception centres set up for refugees from areas subject to bombing and where fighting was going on.

The Royal Government of Cambodia also asked the ICRC to come to the aid of South Vietnam refugees at Duc Co in Khmer territory; this the ICRC agreed to do.

In the central provinces of Vietnam, relief distributions have met with many difficulties because of the fighting. They nevertheless continued with the help of the local Red Cross at Da Nang and at Hué, where the available foodstuffs and medical supplies were divided equally between the civilian hospital and the refugees.

In January 1966, the ICRC delegate was wounded when a mine blew up during one of these relief supply distributions. He had to remain for several months in the Saigon military hospital.

These were the main refugee assistance activities carried out by the Red Cross; detailed accounts are given in ICRC and League publications.

These examples show that, in keeping with its principles, the Red Cross is ever heedful of the distress of refugees.

THE RED CROSS AND REFUGEES

It contributes to alleviating their suffering, so far as it is able, but it especially co-operates actively with the United Nations Organization in order to implement the assistance programmes financed by the Community of Nations.

Red Cross activity is important in the field of active assistance and is no less so in matters of doctrine and development of law.

What we have said concerning the repeated intervention of the International Committee of the Red Cross with a view to indiscriminate humanitarian assistance to all classes of refugees, and the favourable response from the international community, shows that humanitarian law is being evolved, taking more and more into consideration the interests of the human being. Although refugees might be deprived of all natural protection, there is a substitute to give them support, thanks to customs which have now become well established.

We have endeavoured in this paper to stress the activity carried out by the International Red Cross for the benefit of refugees. National Red Cross Societies, as we have mentioned, participated on a large scale in this work of fellowship. This is illustrated by the fact that in "Refugee Year", 1959-1960, most national campaign committees were led by the Presidents of the National Red Cross.

It must not be forgotten that, in this immense work of assistance to refugees, the National Red Cross Societies have always been of enormous help in the relief actions organized by the governments concerned.

Henri COURSIER

President of the Association
for the Study of the World
Refugee Problem

INTERNATIONAL COMMITTEE OF THE RED CROSS

MEMORANDUM ¹

Implementation and Dissemination of the Geneva Conventions of 1949

GENEVA, November 21, 1966

To Governments parties to the Geneva Conventions

The XXth International Conference of the Red Cross, meeting in Vienna in October 1965, in its Resolution XXI, entitled "Implementation and Dissemination of the Geneva Conventions", expressed the wish that Governments and National Societies submit periodic reports to the International Committee of the Red Cross on the steps taken by them in this sphere.

This resolution reads as follows:

*The XXth International Conference of the Red Cross,
considering that by virtue of Article 47 of the First Geneva Convention
of August 12, 1949, Article 48 of the Second Convention, Article 127
of the Third Convention and Article 144 of the Fourth Convention, the*

¹ The official text is the French version.

Contracting Parties have undertaken to give the widest possible dissemination, both in time of peace and war, to the texts of the Conventions in their respective countries and in particular to introduce the study thereof into the military and, if possible, civilian instruction syllabuses so that the principles may be known by the whole population,

considering that the application of these Articles is of the greatest importance in ensuring the observance of these Conventions,

considering further that it is essential that members of the armed forces have adequate knowledge of the Geneva Conventions,

appeals to all States parties to the Geneva Conventions to make increased efforts to disseminate and apply these Conventions, in particular by including the essential principles of the Conventions in the instruction given to officers and troops,

further appeals to National Societies to strengthen their activities and to co-operate with their Governments in this field,

expresses the wish that Governments and National Societies submit periodic reports to the International Committee of the Red Cross on the steps taken by them in this sphere,

notes with satisfaction and gratitude the efforts made by the International Committee of the Red Cross to ensure the application of the Geneva Conventions and requests it to continue with this task.

The previous Conference, held in New Delhi in 1957, also stressed the importance of school programmes, requesting that place should be set aside for the history and aims of the Red Cross as well as for the basic principles of the Geneva Conventions.

In accordance with this wish, the International Committee of the Red Cross proposes to draw up periodic reports on the basis of information which Governments may be so good as to supply it on measures taken in various countries to ensure dissemination of the Conventions. It has the intention, accordingly, of submitting such reports at the next International Conference of the Red Cross in 1969. These documents will enable the appropriate authorities in each country to see what is being done elsewhere and to profit thereby.

By virtue of articles 47 of the First Convention, 48 of the Second Convention, 127 of the Third Convention and 144 of the Fourth Convention, the High Contracting Parties have undertaken, in

INTERNATIONAL COMMITTEE

time of peace as in time of war, to disseminate the text of the Conventions in their respective countries as widely as possible and, in particular, to include its study in programmes of military and, if possible, civil instruction, so that the principles thereof may become known to their armed forces as a whole, the population, medical personnel and chaplains.

The above-mentioned articles add that civil, military, police or other authorities, who in time of war assume responsibilities in respect of protected persons, must possess the text of the Conventions and be specially instructed as to their provisions.

Created for the victims of war, aimed at avoiding unnecessary sacrifice during a conflict and protecting the human being when he is being threatened without valid reason, called upon to be the safeguard in the midst of strife of values upon which peace will one day be reconstructed, the Geneva Conventions will play their essential rôle only if they are known to those, who, at all levels, have the obligation to respect them.

The International Committee of the Red Cross, in reminding the Governments of States parties to the Geneva Conventions, as well as National Red Cross Societies, of the above principles and also of the aforesaid resolution of the XXth Conference and the articles of the Conventions devoted to their dissemination, wishes to submit the following proposals to them :

1. That a summary, containing the essential principles of the Conventions, possibly based on the attached model, be distributed in the same way as personal equipment to each enlisted man.¹ The International Committee of the Red Cross would appreciate it if the authorities concerned would inform it as soon as this or a similar measure has been able to be put into effect.
2. That a programme of instruction for all armed forces be drawn up and put into application without delay in all schools and training centres of these armed forces and their auxiliary services. The International Committee of the Red Cross here-

¹ See *International Review*, April 1965.

INTERNATIONAL COMMITTEE

with attaches to this memorandum a specimen minimum programme for the instruction of officers and troops.

3. That the competent authorities in the different States communicate to it all measures they have taken with a view to disseminating the Geneva Conventions amongst the armed forces and the civilian population, notably in the sense of the above-mentioned proposals. The International Committee, for its part, holds at the disposal of States parties to the Geneva Conventions the publications it has produced for the purpose of promoting these Conventions. It is also prepared to give any help which may be required in drawing up programmes of instruction.

In proposing these different measures, the International Committee is conscious of being true to the above-mentioned Resolution of the XXth International Conference of the Red Cross and to the line drawn by the provisions of the Geneva Conventions concerning dissemination. It is also conscious of serving the cause of peace by encouraging the spreading of the humanitarian ideal which is the basis of the entire Red Cross movement.

A copy of the present memorandum has been addressed to the National Red Cross Society in each country.

FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS

Samuel A. GONARD
President

**MINIMUM PLAN OF INSTRUCTION
IN THE GENEVA CONVENTIONS**

I. Theoretical course (one day)

1. General

Humanitarian law and the rules of war—Definitions—Sources—General principles.

2. Historical background

Development of thinking and practice—The drawing up of the Geneva Conventions and their application.

3. General provisions of the Conventions

Cases of application—Internal conflicts—Control (Protecting Powers and the International Committee of the Red Cross)—Sanctions—Non-renunciation of rights—Prohibition of reprisals—Beginning and termination of application.

4. Conventions I and II of 1949

(wounded, sick, shipwrecked)

5. Convention III of 1949

(prisoners of war)

6. Convention IV of 1949

(civilians)

II. Practical work (one day)

1. Showing of films and slides

2. Conventions I and II

3. Convention III

4. Convention IV

For each cycle (2, 3 and 4), two problems to be solved, submitted by a small group—Study of the text of the Convention—Criticisms and discussion.

5. General discussion and conclusions

Recognition of the Kenya Red Cross Society

GENEVA, NOVEMBER 3, 1966

Circular No. 464

*To the Central Committees of the National Red Cross,
Red Crescent and Red Lion and Sun Societies*

LADIES AND GENTLEMEN,

We have the honour to inform you of the official recognition by the International Committee of the Red Cross on November 3, 1966 of the Red Cross Society of Kenya.

The new Society, a former branch of the British Red Cross, applied for recognition by the ICRC on January 14, 1966. The application was accompanied by the Society's Constitution, a copy of the "Kenya Red Cross Society Act, 1965", an annual report for 1964-1965 and a financial statement.

The study of these documents, made jointly with the Secretariat of the League of Red Cross Societies, has shown that the ten conditions for recognition of a new National Society have been duly fulfilled.

The International Committee of the Red Cross has pleasure therefore in announcing this recognition, which brings to 107 the number of member Societies of the International Red Cross.

The Kenya Red Cross, recognized as an auxiliary to the public authorities and as the sole National Society in the country, already possesses an effective organization. It numbers several Divisions which are all active in first-aid, home care (health, hygiene, etc.) and infant care. This last aspect of the work of the Kenya Red Cross

INTERNATIONAL COMMITTEE

is designed mostly for the inhabitants of villages who only have a rudimentary knowledge of the treatment required.

The Government of Kenya acceded on September 20, 1966 to the Geneva Conventions of 1949.

The National Society is controlled by a Council composed of not more than 40 members, whose President is Mr. Charles Rubia, Mayor of Nairobi. Between the Council's session the Society's activities are directed by an Executive Committee whose Chairman is Mr. Robert Ridley, whilst Mrs. Rachel J. Mzera is the Directress. The headquarters of the Society are at Nairobi. The Honourable Jomo Kenyatta, President of Kenya, has accepted to be Patron of the new National Society.

The International Committee of the Red Cross has great pleasure in welcoming this new Society into the International Red Cross, accrediting it by this notice to all other National Societies and recommending it to their kind attention. It expresses its best wishes for the Society's future and for the success of its humanitarian work.

FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS :

Samuel A. GONARD, *President*

*EXTERNAL ACTIVITIES***Vietnam**

Extending its sphere of activity on behalf of prisoners and internees in Vietnam, the International Committee of the Red Cross had occasion to visit a transit camp in the Da Nang area. This was the first time that the representatives of the ICRC were admitted to a camp of this nature, in which civilians arrested during military operations are interned for brief periods, before being either released or sent on to other camps for detention of a longer duration.

*

The American Friends Service Committee (Quakers), which is represented by a delegation in South Vietnam, has approached the International Committee of the Red Cross with a view to sending a contribution to the victims of bombing in North Vietnam. This amounts to 4000 dollars which will be used to purchase medical relief.

*

The ICRC has just received from the Central Committee of the Red Cross of the Democratic Republic of Vietnam a letter acknowledging receipt of 121 packages of medicines and blood plasma, donated by the Swiss Medical Centre and the Swiss Red Cross. This communication from Hanoi asks the ICRC to transmit the thanks of the North Vietnam Red Cross and states that all the donations sent to it so far have served to alleviate the suffering of the victims of events.

Indonesia

During a recent journey in Indonesia, Mr. André Durand, delegate general of the ICRC for Asia, together with Mr. Tirtopramono, visited the island of Lombok where the inhabitants of various regions are suffering from famine.

On this occasion he went to the prison at Mataram, the island's capital, to visit detainees arrested as a result of the troubles in the autumn of 1965.

South Arabia

The head of the mission of the ICRC in the Arab Peninsula, Mr. André Rochat, went to Aden where the authorities had agreed to his making further visits to places of detention. He was thus able to penetrate the prisons of Mansoura and Fort Morbut, in which are incarcerated a certain number of persons suspected of terrorist activities. He spoke direct and in private with several prisoners and inquired into their detention conditions.

During his stay in Aden, Mr. Rochat also met Mr. Roderick Bowen, special representative sent by the British Government to the spot to investigate arrests, interrogations and the imprisonment of presumed terrorists.

Yemen

As peace has not really been restored in the Yemen and as the situation as regards medical facilities is still disturbing, the International Committee of the Red Cross has resumed its medical action in that country. It has already sent out two medical teams, each consisting of one doctor and two nurses, which are now working in the North-East and North-West of the Yemen. Two further teams will go out to step up this activity.

The total lack in this northern sector of the country of any medical or hospital service makes the task facing the ICRC medical teams a very heavy one. At present each team examines an average

of one hundred persons a day. They have large stocks of medical supplies which are administered to patients free of charge ; the services of doctors and nurses are of course also gratis.

Sub-Equatorial Africa

Mr. Georg Hoffmann, delegate general of the ICRC for Africa, visited Accra, the capital of Ghana where he made various contacts in connection with the recent events. He then went to Lagos (Nigeria) where he enquired into the situation as a result of the troubles mentioned in the world press.

In Algeria, Libya, Morocco and Tunisia

Mr. Pierre Gaillard, ICRC delegate, visited each of these countries where, in conjunction with the National Society Presidents and the various government departments concerned, he examined the practical aspects of following up certain resolutions adopted by the XXth International Conference of the Red Cross, particularly those affecting the dissemination of knowledge on the Geneva Conventions among the armed forces, the medical and nursing professions and in schools.

He was able to observe the variety and effectiveness of the work carried out by the National Societies and wherever he went the problem of disseminating knowledge on the Geneva Conventions was the subject of discussion on the radio, television and in the press, with participation, together with Mr. Gaillard, by the Presidents of the Algerian, Moroccan and Tunisian Red Crescent Societies.

*IN GENEVA***Guests of the ICRC**

The President of the Togo Republic, Mr. Nicolas Grunitzky, took advantage of a short visit to Geneva to call at the headquarters of the International Committee of the Red Cross. He was accompanied by his daughter, by Mr. Sidi Touré, the Togo Ambassador to Paris, and by several other dignitaries. He was welcomed by Mr. S. A. Gonard, President, together with various members of the ICRC Presidential Council and Directorate. Mr. Grunitzky displayed keen interest in the activities of the founding institution of the Red Cross movement

His Imperial Majesty the Emperor of Ethiopia and the President of Liberia have already visited the ICRC headquarters ; Mr. Grunitzky is thus the third head of an African State to do so.

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On November 16, Mr. Willy Spuhler, Federal Councillor and Head of the Swiss Political Department, visited the headquarters of the International Committee. He was accompanied by several representatives of Federal authorities, notably Mr. Kurt Furgler, National Councillor and member of the Commission of Foreign Affairs of the National Council, by the Minister of State Mr. Ernesto Thalmann, Head of the International Organizations Division of the Federal Political Department, by Ambassador René Keller, Permanent Representative for Switzerland to the International Institutions in Geneva. The whole group was welcomed by Mr. Samuel A. Gonard, President of the ICRC, together with members of the Presidential Council and of the Directorate. After a discussion on various subjects of common interest, Mr. Spuhler visited the records department of the Central Tracing Agency.

*

In the course of a stay in Geneva, Father Dominique Pire, winner of the Nobel Peace Prize, paid a visit to the President of the International Committee. He presented him with a copy of his book " *Bâtir la paix* " and assured Mr. Gonard of his full support for any ICRC enterprise to promote peace.

Appointment

At a plenary session, the International Committee made the following appointments : Mr. Roger Gallopin, Executive Director, and Mr. Jean Pictet, Director for General Affairs, were both appointed Directors-General ; Mr. Claude Pilloud, Deputy Director and Head of the Legal Department, was appointed Director.

New accessions to the Geneva Conventions

In its September issue, the " *International Review* " mentioned that 111 States were explicitly parties to the Geneva Conventions of August 12, 1949. Since then, the International Committee of the Red Cross has been informed by the Federal Political Department of the participation of three further countries in these Conventions.

First of all came the accession of the Republic of Kenya which was received in Berne on September 20, 1966.

Then on October 19, 1966, the Republic of Zambia deposited an instrument of accession to the Geneva Conventions with the Swiss authorities.

Finally, on October 20, 1966, the latter received a declaration of continuity from Gambia.

Thus, with the accession of these three countries there are now 114 States explicitly parties to the Geneva Conventions of 1949.

Relief action in Pakistan

It will be recalled that as a result of the conflict in September 1965 between India and Pakistan considerable displacements took place on both sides of the frontier separating the two States. Fleeing in front of the advancing enemy, the inhabitants of several exposed areas had to fall hurriedly back to the rear, often without being able to take anything with them.

In Kashmir, thousands of families crossed the cease-fire line, seeking refuge in the part of that country under Pakistan control.

The extreme want in which these persons found themselves induced the International Committee of the Red Cross to launch an appeal to National Societies inviting them to come to their aid in both India and Pakistan.

The report published below gives a list of relief sent to the Pakistan Red Cross, either direct or through the ICRC. The action undertaken in conjunction with the Indian Red Cross will shortly be described in the International Review.

1. DESPATCH OF RELIEF TO THE VICTIMS OF THE CONFLICT IN PAKISTAN

The value of medical relief (plasma, blood count kits, medicines) sent at the beginning of September 1965 to the Pakistan Red Cross amounted to 57,030 Sw.frs.

This relief came from the Netherlands Red Cross (17,630 Swiss francs), from the Swiss Red Cross (5,000 Sw.frs.), from the Swiss Confederation (20,000 Sw.frs.) and from the ICRC (14,400 Sw.frs.).

Before the ICRC launched its appeal, the despatch of relief in kind for refugees—new and used clothing—was already announced for a value of 208,944 Sw.frs. (Swedish Red Cross : 60,000 frs., Swiss Red Cross : 15,000 frs. and the Canadian Red Cross: 133,944 frs.



Kashmir
refugees
in 1965.

Mobile dispensaries offered by the British Red Cross and the Order of St. John
to the medical mission of the Pakistan Red Cross in Kashmir.



INTERNATIONAL COMMITTEE

As a result of the appeal made on November 6, 1965, on behalf of refugees, 18 National Societies and one Government informed the ICRC that they would make contributions in cash to Geneva for a value of 194,266 Sw.frs. (Norway, Australia, German Federal Republic, Luxemburg, Japan, Liechtenstein, Denmark, South Africa, Great Britain, Switzerland and the Swiss Confederation, France, Syria, New Zealand, Monaco, El Salvador, Thailand, South Korea, Lebanon), whilst the American Red Cross transferred to the Pakistan Red Cross an amount of \$5000, viz. 21,500 Sw.frs.

Funds received in Geneva and goods placed at the disposal of the ICRC have enabled the following relief supplies to be despatched to the Pakistan Red Cross, all freight charges paid as far as Karachi :

1,200	jackets for boys	
5,593	woollen blankets	
350	towels	
4,152	pullovers for girls	
124	foam mattresses	
305	kgs. cloth	
355	kgs. medical material (medicines, surgical instruments, sanitary appliances)	
2	Landrovers, equipped as first-aid posts	
250,000	Protovit tablets	
9,500	kgs. powdered milk	
2,000	kgs. cheese	
		to a total value of <u>338,000 frs.</u>

Eight National Red Cross Societies sent relief in kind direct to Karachi. These were as follows :

<i>Australian Red Cross</i>	clothing for women and children, medicines	Sw.frs. 9,400.—
<i>Netherlands Red Cross</i>	food for infants	10,600.—
<i>American Red Cross</i>	clothing for children	21,500.—
<i>British Red Cross</i>	clothing for children and adults	15,212.—
<i>German Red Cross in the German Democratic Republic</i>	tents, blankets	35,000.—

INTERNATIONAL COMMITTEE

*German Red Cross in
the Federal Republic
of Germany*

food for children in bottles 5,500.—

Swiss Red Cross blankets, clothing 37,336.—

Finnish Red Cross vitamin tablets 5,000.—

Total value of relief despatched direct to Karachi
by National Societies Sw.frs. 139,548.—

Thus the Pakistan Red Cross has benefited from aid to the victims of the Kashmir conflict to an overall amount of 743,522 Sw.frs. (In this figure the transfer of \$5,000 by the American Red Cross is not included.)

2. DISTRIBUTION OF RELIEF

a) Aid to the wounded

On their arrival in Karachi, about a week after the outbreak of hostilities, emergency medical relief supplies were re-forwarded by the Secretary-General of the Central Committee of the Pakistan Red Cross to the Head of the Army Medical Services for wounded undergoing treatment in field hospitals.

b) Assistance to refugees

The distress of the displaced population and refugees at once aroused a great movement of solidarity throughout the country.¹ The West Branch of the Pakistan Red Cross deployed, in liaison with local charitable organizations, remarkable activity, collecting and amassing a considerable amount of relief of all sorts in every town and village.

The Government, for its part, took various emergency measures for the purpose of making a systematic census of all refugees and providing them as rapidly as possible with temporary shelter and the means of subsistence. To this end, it took over the entire dis-

¹ Plate. Refugees in Kashmir in 1965.

tribution of relief collected, supplementing this from time to time with small quantities of wheat and cash to each head of families.

As opposed to those returning to their own homes when, as a result of the Tashkent Agreement, troops on both sides re-occupied their former positions, refugees in Pakistan Kashmir were unable to return to their villages of origin. Their re-establishment in an already over-populated region whose inhabitants are extremely poor, resulted therefore in raising a number of arduous problems which are still far from being resolved.

In agreement with the authorities, the Pakistan Red Cross and the delegates of the ICRC, relief sent by National Societies was therefore directed to Pakistan Kashmir where needs of long-term assistance showed themselves to be the most acute. These supplies were distributed in the Poonch, Mirpur and Muzzafarabad districts where official census returns revealed a figure of more than 130,000 refugees at the beginning of the year 1966. On several occasions, delegates, accompanied by representatives of the Pakistan Red Cross, visited distribution centres which they noticed each time were well organized and efficiently run.

The two mobile dispensaries, acquired thanks to a generous contribution of the British Red Cross and the Order of St. John, arrived in Karachi on August 18.¹ They were handed over to the Medical Mission of the Pakistan Red Cross for Azad Kashmir to which has fallen the heavy task of bringing medical aid to refugees for the most part scattered over a vast mountainous area not easily accessible.

¹ *Plate.* Mobile dispensaries offered by the British Red Cross and the Order of St. John to the medical mission of the Pakistan Red Cross in Kashmir.

Preparation for award of Henry Dunant Medals

The International Committee and the League have just sent a joint communication to all National Red Cross, Red Crescent and Red Lion and Sun Societies. This invites them to put forward, by the end of March 1967, their proposals for awards of the first Henry Dunant Medal. National Societies were requested to supply full details in support of the applicants they nominate.

The Henry Dunant Medal was instituted by the XXth International Conference of the Red Cross in Vienna in 1965. It is designed to show recognition for and to reward exceptional service or dedication to the Red Cross cause by one of its members. A maximum of five medals will be awarded every two years to persons who have proved themselves worthy of this distinction. The medalists will be selected by the Standing Commission of the International Red Cross. The design of the medal is an embossed profile of Henry Dunant with a red cross in the background ; it is hung on a green ribbon.

Iraq

The Iraqi Red Crescent has recently taken part in a campaign against cholera and members of its Women's Branch ensured the vaccination of more than fifteen thousand people. We now have pleasure in giving information it has sent us on this fine action.

The announcement of the Iraqi Ministry of Health on Friday, August 19, 1966, of confirmed cholera cases in Iraq disturbed the whole world, especially the neighbouring Middle East countries.

Immediate precautions were taken by the Authorities to inoculate members of the public against the cholera. The Red Crescent Society immediately offered its services. The President of the Women's Branch appealed on radio and television to all trained First Aiders to report to the Red Crescent Headquarters. A large number of them responded to this emergency call. The Chief Instructor of the Red Crescent Society, the organiser of First Aid and Nursing, organised them into teams of four; each team including two inoculators who had passed the course held at the Jamhouriyah Hospital.

Transport was made available by the kind assistance offered by one of the Ministries and two Embassies and private cars belonging to First Aiders. The teams were then distributed and sent out to inoculate the public in Baghdad and its outskirts. They worked from 8 a.m. to 8 p.m.

These mobile teams worked for 12 days, covering the whole area of Baghdad. Our statistics showed that 15,400 people,—men, women and children—were inoculated against cholera.

The whole operation went on smoothly and successfully.

The First Aiders are to be congratulated on their tireless efforts and devotion in carrying out their humanistic duty.

M I S C E L L A N E O U S

OFFICE INTERNATIONAL DE DOCUMENTATION DE MÉDECINE MILITAIRE

The twenty-seventh meeting of the "Office International de Documentation de Médecine Militaire" took place in San Marino from September 21-24, 1966. It was attended by military medical officers from some forty societies, many of them the heads of their countries' Army Medical Service.

The ICRC was represented by an observer, Mr. C. Pilloud, Deputy Director for General Affairs.

The San Marino authorities warmly welcomed this meeting which took place in the recently inaugurated Palazzo de Congressi.

Three items on the agenda were the subjects of some highly interesting papers :

1. Psychiatric and minor psychosomatic pathology.
2. Transmission of hepatitis; study of prophylactic measures.
3. Relief missions in conflicts which are not of an international character.

On this last subject, a particularly important report was submitted to the Congress by Dr. Jean-Maurice Rübli. This gave an account of the application of the Geneva Conventions in conflicts which were not international in character. He stressed that the full application of the common article 3 of the four Conventions had already appreciably alleviated suffering brought about by such conflicts. Obstacles to its application were sometimes encountered but these could, no doubt, be overcome to a considerable extent by wider dissemination of knowledge on the Conventions and by better understanding of their basic humanitarian principles.

Dr. Rübli's conclusion is worthy of note:

Observance of article 3 of the Geneva Conventions in international conflicts, whatever form they may take, is first and foremost a problem of moral principle: parties to a conflict should desire to observe the humanitarian principles contained in the Geneva Conventions. In addition, they should also desire to co-operate with the ICRC.

Application of this article in such conflicts is a criterion of the political maturity and civilization of the parties involved."

Medical officers in the armed forces can undoubtedly play an important role in this field by urging their governments to ensure that military rules and regulations take the Geneva Conventions into account.

In this connection, it was underlined, during the discussion, that the position of doctors, both military and civilian, in time of international conflict, should be studied thoroughly with a view to defining their status and the protection which might be granted them.

C. P.

FOR AFRICAN CHILDREN

In Unicef News (1966, No. 35), Dr. Roland Marti, who had been one of the ICRC's most devoted and effective delegates during the Spanish Civil War and the Second World War, has written a most moving article on the tasks he has been carrying out for the past fifteen years in Africa in the service of UNICEF. We now publish some passages which will give an idea of conditions in which an international enterprise of aid to children was initiated in Africa.

I had devoted my preceding eighteen years to the International Committee of the Red Cross, moving about the world as the major theaters of conflict shifted: from Europe to the Middle East, then

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Asia, especially India and Indochina. UNICEF offered me the Brazzaville post in Africa, which I did not know at all.

. . . But, as it eventuated, not just the Congo and Gabon were entrusted to me, but the whole African continent south of the Sahara: 49 countries and islands, 130,000,000 inhabitants, 20,000,000 square kilometers—the whole African continent with its maddening distances: 9,400 kilometers from Mauritania to the Seychelles, and 6,600 kilometers from the Tibestis to the Cape. I was to explore all these countries, not through the bush as did Stanley and Livingstone, but through government offices, collecting the basic data—economic, financial, political, medical and human—which we had to obtain before we could plan a network of field offices. This was a sizeable mouthful to bite off, all the more so as I was to be quite on my own at first, since the Supply Officer who has to assist me was not scheduled to arrive for several months.

A few days at my Regional Office in Neuilly had given me some idea, still quite vague, of what UNICEF was in a position to accomplish. It was up to me to promote programmes in the various countries of Africa from which children would benefit.

My mission was all the more attractive, as the instructions were the simplest: "Tell us the situation in the field and what can be done."

On September 26, 1962, I landed at Brazzaville, four days after WHO's Regional Office was established there, still in a rudimentary form. With the directors of the FAO and WHO Nutrition services, I first visited the authorities in Brazzaville, the capital of French Equatorial Africa, and Leopoldville, the capital of the Belgian Congo. We then pursued our mission in the field for several weeks, visiting the interior of the Middle Congo, Ubangi-Shari, the Belgian Congo and Ruanda-Urundi. We concentrated on the single programme which UNICEF was then in a position to support in these regions: combating malnutrition through the distribution of powdered skimmed milk to children.

And yet, after India which I had just left, what I saw in the Congo in those first weeks seemed extremely reassuring: though later, my impressions were somewhat modified; the people at first seemed healthy to me compared with India's vulnerable populations, prey to so many diseases and to such pronounced malnutri-

tion. In any event, I plunged straightway into the problem of malnutrition.

UNICEF had just sent the milk and we were going to be present at the first distributions. Through an information campaign, women and children had been assembled in distribution centers, awaiting the powder which they did not yet know, but concerning which the government was saying wonderful things. Such crowds pressed in upon some of the centers (in Brazzaville, for example) that the fire brigades had to be called in to hold them back with water from their fire hoses. So began the first UNICEF-aided programme in Africa, a programme on which we built high hopes.

At that time, we thought the remedy to malnutrition was very simply to distribute powdered skimmed milk. But in our naiveté, we forgot that Africa is an immense continent, and that skimmed milk distribution helps only a very small minority, and perhaps not those most in need. Besides, the early popular enthusiasm soon evaporated. According to our instructions, the reconstituted milk had to be heated, then cooled again very rapidly. But how, far off in bush, is one to cool rapidly a large cauldron of milk, which has been brought to a boil only after hours of heating over a brush fire ? We simply had to wait for it to cool of itself, and it took longer to heat. The women crouching around the large cauldron waited in the mornings for the milk to heat and in the afternoons for it to cool. After a few sessions, weary of this process and obliged to return to their work in the fields, they stopped coming. The milk was then distributed to patients in health institutions and to school children. Several years later, nutrition programmes based on more extensive research (and on an understanding of the importance of nutrition education) were launched in areas where malnutrition was really rife.

It was in this early period that our supply officer visited Dr. Schweitzer in Lambaréné to see the shipments of milk which had been delayed somewhere at the edge of the Ogoué. My colleague retained a memory of two days of austerity spent with the physician's team.

Experience in the field opened our eyes to Africa's immensity and to its diversity. We realized that our programmes could not be

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standardized, but had to be adapted to different countries and areas.

Late in 1952, a very vast project was set in motion to combat malaria in West Africa. The antimalarial program included five countries of French-speaking Africa as well as in Nigeria and Liberia, and for several years it absorbed the bulk of UNICEF's assistance in Africa . . .

. . . It was important to evaluate the results of the antimalarial drives as they proceeded, for UNICEF has always been concerned with the proper placement of its funds. But in 1954, after only one year of spraying, this was difficult to do. The so-called protected persons gratefully noted the disappearance of roaches and other more or less noxious vermin, but our concern was with the fall in mortality rates that should be occurring if the incidence of malaria was really being affected.

In the absence of exact data, I thought it would be enlightening to question chiefs possessing several wives and numerous children in order to get some idea of infant mortality trends. One evening, I visited a Lamino, a great local chief who reigned over several villages, who had 14 wives, several concubines and 77 children. He was perfectly satisfied with the antimalarial sprayings, for in that year only 7 of his young children had died, as against two or three times the number in previous years . . .

. . . The struggle against yaws began in 1953, and the struggle against leprosy the following year. There were more than 3 million lepers to be cured—a gigantic undertaking which is still far from completion, but which eventually will be completed through the use of sulfone drugs, introduced only in 1964.

In 1955, a whole series of mother and child health programmes were started. I remember one fine case in Sierra Leone. The rural midwives, after receiving training in the regional hospitals, were assigned to certain groups of villages. They were not always welcomed for the "empiric" midwives (traditional birth attendants) were afraid of their competition. One rural midwife had an extraordinary stroke of luck the very day that she arrived: a village woman who until then had given birth to none but stillborn

children called in the newcomer. The result was the delivery of a pair of well-formed and very alive twins. We visited the village a few days later, and found the rural midwife enjoying immense popularity.

Once in Madagascar—late in March 1959—I returned by plane to the capital, Tananarive, from a tour in the southern part of the island just after a cyclone had struck, causing ruinous floods. The other passengers of the DC-3 and I tried to reach the city proper in a bus, but the bus was soon lying on its side in a rice paddy. I waded out into the waist-deep water dragging my suitcase with one hand and holding the UNICEF documents bag on the top of my head (the only dry position) with the other. Thus encumbered, I followed the single-file procession of my fellow passengers down the road. We kept from losing our way in the darkness and the strong current by calling back and forth to each other as we waded forward. A long time later, quite out of breath, we emerged on dry land. The following day, our conversation was all about emergency aid—for we had fared better than most in the flood . . .

. . . But these are only anecdotes, little events lost in a mass of reports, plans of operation, statistics and deadlines, discussions and hearings. In the beginning, our reports were submitted monthly, then bimonthly ; this took up far too much of our time, which was so much more urgently needed in the field. The years passed, and UNICEF offices were set up in East Africa, than in West Africa. The year 1960 witnessed a sprouting of independence : French Equatorial, French West Africa and the various British possessions burst into independent States. In this new Africa, everything had to be taken up again, explained, often started over almost from scratch. The struggle against malaria had to be given up, at least temporarily. But the systematic campaigns against yaws practically eliminated this disease in many places. And the campaigns against leprosy are contributing to its slow extinction. The mother and child health centers constitute nuclei, points of departure, for more complete public health programmes.

It has never been possible to carry out a plan of operations entirely to the letter, owing to unforeseen difficulties of all kinds

encountered along the way. But what is important is for the programmes to take root, like seeds carried by the wind to difficult soils—but which somehow sprout and grow, enabling a better soil to build up around them. Even if 90 % of the goals set are not reached, even if the level of success is much less, a start has been made, new trails have been blazed. The sum of the energies spent will not have been in vain. Others, much later, will perhaps know the results.

I believe that, in Africa south of the Sahara, UNICEF can make its most useful contribution by concentrating on two essential fields of development : public health, to retain and strengthen the achievements of the past decades ; and education, to enable all children to have access to schools. There we have ample matter for work for a long time to come.

THE FIGHT AGAINST TUBERCULOSIS

The Proceedings of the XVIII International Tuberculosis Conference have just been published.¹ This meeting, organized by the International Union Against Tuberculosis, was held in Munich in October 1965 and was attended by delegates from many countries. It enabled an extensive and up-to-date report to be drawn up on efforts in developed and developing countries for research into this disease which plagues humanity at all ages and everywhere. Yet it must not be forgotten, as the Chairman, Professor E. Schröder of Berlin, reminded the Conference in his opening address, that these efforts, immense as they are, originated in research and initiative, on both a national and an international level, going back half a century. We believe our readers will be interested in the following extracts on this subject, taken from Professor Schröder's address.

¹ International Congress Series No. 119, Excerpta Medica Foundation, 1966, 468 pp.

It would be appropriate to look back on the history of the organized struggle against the world-wide disease of tuberculosis but such a survey would be too limited in its scope. We should, instead, cast our minds back even further, to the day, a hundred years ago, when at a meeting of the French Medical Academy Villemin brought experimental proof that human tuberculosis is contagious. His discovery derived from the investigations of his great compatriot Laennec, who laid the foundations of the pathological study of TB and, by introducing auscultation into the treatment, provided an important addition to the percussion theory of the Austrian Auenbrugger.

If we remember that Laennec, like Pasteur, was inspired by the medical research and findings of the Swiss Albrecht Haller, who in the middle of the 18th Century prepared the way for scientific medicine, we realize that generations of scientists collaborated as a truly European community. Germany's important contribution came in 1882, when Robert Koch and Paul Baumgarten simultaneously swept away the fog of uncertainty and demonstrated the existence of the tuberculosis bacillus. From then on the fight against tuberculosis was subject to the scientific methods already applied to other branches of medicine, extended and enriched in the succeeding decades.

In this country, and in fact in this city of Munich, we remember in particular the scientific work of the physicist Wilhelm Röntgen, whose contribution is incalculable and as essential to our modern procedures as the immuno-biological studies of the Austrian, von Pirquet, to whom we owe new and valuable methods of making an early diagnosis. In the last few decades chemical research has placed at our disposal an almost unimaginable number of highly-effective drugs; the name of Domagk should not be forgotten in this connection . . .

. . . When one considers that this century has seen the introduction of so many means of improving and maintaining the health of mankind and of conquering disease, one is tempted to ask, perhaps, why the fight against our enemy, tuberculosis, has not already been won and why it should still be necessary, in this year of 1965, for an international congress to devote itself to such problems. We ask ourselves if we shall ever succeed in eradicating the disease.

Nowadays the word 'eradication' is often encountered in epidemiology and in this connection a misunderstanding exists, for we are now not primarily concerned with the cause of the disease but with its victim, mankind, the individual, *Homo sapiens*, aware not only of his existence but also of his limitations. He is also *Homo societatis*, inseparable from the structure and changes of his social environment. The scope of scientific medicine must therefore include a health policy, which a contemporary politician has described as 'the responsibility of both statesmen and doctors'. This aspect, the need for a planned health programme, is echoed again and again in the reports of congress proceedings, in which the three divisions are stressed—the biological, the clinical (i.e. diagnostic and therapeutic) and the social point of view.

In 1898 the Viennese clinician von Schrötter suggested that the struggle against tuberculosis be taken up actively by the organization, which up to then had merely discussed the results of research. The German Central Committee for the Foundation of Tuberculosis Sanatoria, which had been active since 1895, was entrusted with the task of preparing a congress, the aim of which was 'to combat the widespread disease of tuberculosis'. Invitations were sent out to all countries, not only to doctors and medical faculties but also to governments, municipal authorities, insurance and public health organizations and voluntary welfare boards. The report of the proceedings fills almost 900 pages and describes how, on the 24th of May, 1899, in the presence of the Empress, the delegates filled every available seat in the Reichstag in Berlin, each in evening-dress as requested in the invitation.

In his opening address Count von Posadowski-Wehner, Secretary of State for the Interior and also Chairman of the Central Committee, referred to another meeting being held at the same time. 'Coinciding with the congress of statesmen now in session in The Hague', he said, 'the aim of which is to seek ways and means of avoiding or at least ameliorating the horrors of war, a congress opens today at which medical authorities and high-minded philanthropists from all parts of the globe meet together, resolved to consider methods of reducing and curing the most widespread of all diseases afflicting mankind. These two events will in future ages serve as landmarks in the history of our era'.

I should like to recall the last occasion of this kind, at the opening of the 10th International Conference, held in Lisbon in 1937 . . . Thus we see that the impulses emanating from the Berlin congress of 1899 continued to be felt during the years that followed.

One of the most outstanding of the many congresses was that held in Washington in 1908, at which Robert Koch delivered his last great lecture on the 'Relationships between human and bovine tuberculosis', a well-received non-controversial work. The name of Bang occurs among the list of other speakers. The solemn public Closing Session was honoured by the presence of Theodore Roosevelt, who addressed the assembly.

The series of working committees henceforth called International Tuberculosis Conference began in Berlin in 1902, under the chairmanship of the French phthisiologist Brouardel. It was at this conference that the red double-barred Cross of Lorraine was chosen as symbol of the organization. I quote here the words with which Sersiron, General Secretary of the French delegation, introduced the motion: 'In a struggle such as this a battle-standard is needed. We suggest a double-barred red cross as our sign. Like the Geneva cross it will serve as a symbol of peace, reminding us that all men are brothers and should dedicate themselves to the care of the sick. The general staff of the army against tuberculosis is gathered here, its cohorts filled with eager courage and optimism. As the symbol of our alliance let us therefore choose this banner, to be borne at the head of our army and inspire us with enthusiasm for the cause'.

Twelve conferences of this kind were held in the capitals of Europe and in Philadelphia; the last of these met in Berne in September 1914, when the good work was interrupted by the First World War. The war years, the influenza epidemic of 1918 and the succeeding period of economic distress and social upheaval showed how much the biological and clinical factors of the fight to eradicate TB were still dependent on social conditions. The situation had become critical and the resumption of the former work was an urgent necessity. Thus the movement was reorganized in the form of the 'Union Internationale contre la Tuberculose' with its headquarters in Paris; after 45 years of activity it is now assembled here at the XVIIIth Conference. Despite changes in the structure

and name, the aim of the organization has remained the same since the turn of the century. We remember with gratitude the men who in those early days played a leading part in the campaign to investigate and combat tuberculosis.

Robert Koch, then head of the section 'Aetiology of TB', was on a research expedition in Italy at the time of the congress of 1899. In a telegram of greeting, Bernhardt Fränkel and Flügge informed him that during the conference no other name was mentioned more frequently than his. Virchow spoke on the importance of nutrition in the prevention of TB, Heubner discussed the disease in infants, and von Leyden and Dettweiler reported on aspects of sanatorium therapy. Among the delegates and speakers were von Ziemssen, the Munich clinician, and von Schrötter from Vienna.

The first conference of the new type was held in 1902 under the presidency of Brouardel who, together with Pannwitz of Berlin, guided the movement for many years. Calmette spoke for the first time and my professor at Tübingen, Paul von Baumgarten, described the fight against TB from the point of view of pathological mycology, Robert Koch conducted the delegates through his institute and Behring and Römer jointly issued invitations to a subsequent discussion and to a tour of inspection of the Institute in Marburg.

The congress held in Vienna in 1906 was distinguished by von Pirquet's paper on 'Allergy in Children' and by the suggestion put forward by Turban (Davos) on the classification of the various stages of tuberculosis. In 1912 the main theme—'Relationship between human and bovine tuberculosis'—was again discussed at the Rome meeting which was presided over by Bumm, president of the German Health Authority, deputizing for Léon Bourgeois, who was unable to attend because of illness. The main speaker was Calmette, supported by Kossel, Neufeld and Rabinowitsch. Hamburger (Vienna) spoke on the contribution made by experimental medicine to our knowledge of TB. The list of those who took part in the discussions includes such familiar names as Bacmeister, Beitzke, Gohn, Hamel and Huebschmann, while that of Ranke (Munich) appears for the first time. The proceedings were dominated by papers on the surgical therapy of pulmonary TB, the main

speakers in this respect being Brauer, Baer (Davos), Léon Bernard (Paris) and Sauerbruch (Zurich). At a public lecture illustrated by colour slides, Rollier (Leysin) reported on heliotherapy. In September 1914, despite the outbreak of war a month earlier, the discussions on heliotherapy and its scientific basis were continued at the 13th Congress in Berne. 'Occupational therapy and change of profession or trade', a question which is still topical, was also debated at the Berne conference.

All during the war years the review *Tuberculosis* kept the spirit of the movement alive and the members in touch with developments, and it was indeed fortunate that Léon Bourgeois, who up to then had been president, continued the good work with energy. Time does not permit me to describe here the many many names cropping up in the proceedings of the conferences held between 1920 and 1937 in Paris, London, Lausanne, Washington, Rome, Oslo, The Hague, Warsaw and Lisbon. Mention should be made, however, of the 1924 conference in Lausanne, the impressive Edinburgh address of Sir Robert Philip on the 'Effect of the Organized Fight Against Tuberculosis', and Morelli's Memorial Lecture on Carlo Forlanini and pneumothorax, in Rome in the year 1928. One should also mention the Oslo meeting in 1930 at which the main address, on immunization with BCG, was given by Calmette.

Denmark, a country which has long been exemplary and successful in combating TB, provided in 1950 an opportunity for the International Union to resume its work at the 11th International Conference in Copenhagen, with Jensen as president and Etienne Bernard as general secretary. The year 1952 saw the first meeting of the conference in South America, that of Rio de Janeiro, where the research work and roentgenological findings of the great and unforgotten Manoel de Abreu increased our knowledge of unknown tuberculosis, the main problem of prophylactic medicine. When the latest possibilities in the field of chemotherapy were debated in Madrid in 1954, it seemed as if our efforts were to be at last crowned with success, at least in those parts of the world already familiar with the problem. From then on it became evident that the peoples of Asia and Africa, striving to adapt themselves rapidly to changing conditions, were confronted by problems of health in general and by tuberculosis in particular. The conference which met in Delhi in

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1957 marked a turning point in the history and tasks of the International Union. Mrs. Amrit Kaur, a distinguished lady who had already performed valuable services as president of the World Health Council, was named Honorary President of the conference at which Nehru, in an eloquent address, pointed out that there was scarcely a family in India which did not in some way come in contact with tuberculosis. He described such conferences as the best means of exchanging views and experiences on an international scale.

The subsequent congresses held in Istanbul and Toronto—one at the gateway to the Near East with its varying population density, the other at the edge of the sparsely-populated Canadian wastes—broadened our horizon. The purpose of this present conference, attended by official representatives of 79 nations, is to determine the direction of future tasks and methods. For this it will be necessary to know and be guided by the work of the preceding decades, the main points of which I have been trying to enumerate.

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EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be “*Inter arma caritas*”.

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely : impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “*National Red Cross Societies*” includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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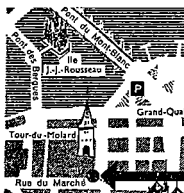
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